Discover Surgical Savvy at ACFAS 2012

Looking for ways to be a better surgeon? If you want new solutions to improve your skills and build your practice, make your plans to attend the ACFAS 2012 Annual Scientific Conference in San Antonio, Texas, March 1–4.

“Every surgeon shares a thirst for education, and they come to this meeting to see where we are from a research standpoint; to see where we are from a clinical standpoint,” says ACFAS Scientific Conference Committee chair Christopher L. Reeves, DPM.

“In San Antonio we’re taking new approaches to familiar controversies in foot and ankle surgery. Experts will come together to discuss their procedural decision-making, and explore the thought process they use to reach the optimal end result. It’s one thing to say, ‘this is what we do,’ but what are the thought processes and the decisions made to get from point A to point C?”

The program will put a fine point on evidence-based medicine by comparing research with results in clinical practice. “Some sessions will take a critical look at procedures that have become mainstays of foot and ankle surgery, really break them down and look at evidence for and against as it relates to clinical practice,” says Reeves. “At the same time they will break apart the research to ask, is it biased? Is it not? There’s a delicate balance between evidenced research and what we know works in clinical practice, and I think this will aid practitioners in finding that balance.”

Naturally the program includes popular favorites such as video presentations of surgeries; discussion and debate; and best and worst cases. It will also explore what’s on the horizon by looking at the newest technology and where the newest research is being performed.

Reflections on First Multicenter Trial on Hallux Rigidus Procedures

In 2009 the College took on a leadership role in outcomes research by sponsoring the first multicenter retrospective trial investigating the efficacy of three surgical procedures used in the treatment of end-stage hallux rigidus. The study involved six sites and approximately 300 patients, and took about two years to complete. ACFAS Update recently spoke with lead investigator Paul J. Kim, DPM, and site investigators Lawrence A. DiDomenico, DPM; Bruce I. Kaczander, DPM; and Gary W. Count, DPM, about the process and experience.

Q: How would you describe the outcomes of this study?

Kim: Our goal was to compare three different, commonly conducted interventions for endstage hallux rigidus, and get a national assessment of what our members are doing. We got a useful cross-section of sites throughout the country and a true sense of how people are approaching the surgical treatment of it. What we found was that all three procedures resulted in good long-term outcomes.
Fall in San Francisco is perhaps the best climate in the country. This is when our days are warm and our fog looks so surreal it’s like Dali painted the sky. This is the time of year I especially enjoy running from my home and along the Embarcadero. I usually make it to AT&T Park where the Giants play and then I head back; the round trip is about 3.5 miles. Today I did one of those runs just after work. At about mile 2, I felt a searing pain in my left gastrocnemius muscle. I stopped immediately and so I think, as I write this, that I prevented a much more serious injury. I ended up performing the “walk of shame” home with a very slight limp.

Once home I gathered up my dog, Decker, for his routine predinner walk. Decker is a handsome 12-year-old Golden Retriever. In human terms he is almost 80 years old. He still looks and acts like a puppy; he can still stop and command a belly rub from the most stoic-walking commuter. But sadly, like many 80-year-olds, Decker has a bum right shoulder and some dysplasia in his elbows; as such, he walks with a pronounced limp. As the two of us shuffled up Mission Street we looked at each other and I am certain we were both thinking the same thing, “What happened?”

This point was really driven home by the recent tenth anniversary of the 9/11 tragedy. Most of us remember where we were on that horrible day as the events unfolded on live television. For myself I remember being in the middle of a run with Decker at my side. Decker has not been able to run with me for at least 2 years now.

All of this personal wear and tear over the last 10 years got me thinking about our collective journey as a profession. Intra- and inter-organizational politics aside, I had to ask myself, are we a better profession today as compared to yesterday? Are we more effective practitioners? Are we more entrenched in mainstream medicine?

Recently I was fortunate to be present at a meeting that I believe will plant significant seeds of change. In short, a collaborative effort by the California Podiatric Medical Association (CPMA), the California Medical Association and the California Orthopaedic Association will work to elucidate the comparative strength of podiatric and allopathic medical educations. The probable outcome will form the basis for granting “Physician & Surgeon” status to DPM graduates in California.

But more importantly, this will herald a paradigm shift in the halls of medicine, whereby it is acknowledged that “equal” does not equate to “same.” That in fact four years of podiatric medical school followed by three years of residency will produce a doctor who is truly a “Physician & Surgeon” just like any other medical doctor or doctor of osteopathic medicine.

In general, seeds do not plant themselves, and in this case the seeds of change are being spread by Stephen C. Wan, DPM; Jon A. Hultman, DPM; Lawrence B. Harkless, DPM, and Michael J. Cornelison, DPM, of the CPMA and ACFAS.

With a positive outcome, the ramifications for the other 49 states would be substantial. On the one hand, this would provide a roadmap to true professional parity and on the other hand, it could provide the tipping point for real and meaningful action on a national scope of practice act.

As Decker and I finish our walk, I think we can both agree, the wear and tear has been worth it.

Questions for Dr. Weinraub? Write him at president@acfas.org.
3 Website Essentials for Physicians

A professional website should function as an extension of your practice, working in harmony with your office staff and technology for effectiveness and efficiency. Start by teaming with a professional website company that can help you leverage the best online strategy for your practice’s needs and goals.

Professional Design and Compelling Content

Few factors have a greater influence on conversions than your site’s organization and navigation scheme. Visitors must be able to find the information they’re looking for, including staff bios, hours of operation, directions, phone numbers and service descriptions. Include engaging videos, photos and testimonials that highlight your work and influence conversions. And for convenience, offer patients the ability to download patient registration forms and request appointments from your site. More than patient friendly navigation, your website content must be professional, compelling and to the point. It’s not just what you say, but how you say it. A trusted source for website development can help you create engaging, keyword-rich copy that is valuable to both your patients and the search engines.

Optimized for Local Search

Google’s new search engine algorithms have redefined the local landscape. The recent modifications have changed the way this major search engine “organizes the world’s information,” giving ‘place’ a new centrality in how websites are ranked in the search engine search results. Where before your practice could still be listed on the map without a website, now the new search algorithms demand your practice have a website if you want to show up on the first page for location-based searches.

Enhancing the user experience, this new search interface pulls together the best results for what that person is looking for, allowing a prospective patient to see only the most relevant information (phone numbers, addresses, photos, reviews, etc.), without ever having to leave the search results page. The new results also show your average review rating out of five stars along with a link major review sites, your website and your verified Google Place Page. For physicians, this means establishing a Web presence and optimizing your site for local search is more important than ever to reach the increasing number of people who use the Internet to find local foot and ankle surgeons.

Patient Education for Improved Case Acceptance

Patient acquisition and retention is often driven by education, because patients are naturally concerned about the factors that influence their health. Your practice website can play a critical role in educating patients to improve their level of comfort and bridge any chasm of uncertainty they may have about a symptom or procedure. Educating your patients with reliable online resources can position your practice as an authority in the field and increase treatment acceptance. And since educated patients are better equipped to make decisions about their foot and ankle health, patients will be more likely to request an appointment with your office.

Building a successful web presence is easy when you team up with an expert in medical web design and online marketing. The ACFAS and Officite have partnered together to offer professional website development and Internet marketing for Members at a discounted rate. Officite has built more than 5,000 websites that have generated over a quarter of a million appointment requests since 2002. As the number one Internet marketing company for healthcare professionals, Officite offers premium designs, easy self-editing capabilities, search marketing and patient education—designed to educate and attract new patients while creating a prominent presence in the marketplace. To learn more, visit www.officite.com/acfas.
Reflections on First Multicenter Trial on Hallux Rigidus Procedures

DiDomenico: It was very enlightening. The two things I looked at in evaluating these patients were pain and function. I was pleasantly surprised by how well most patients did. Anytime a physician of any kind treats a patient, one of the hardest things to do is to obtain a long-term follow-up. It re-engages patients, and I could see their satisfaction or dissatisfaction and how well they function.

Kaczander: When we do surgery, we may discharge a patient after X number of months and never see them again. We don’t really know long-term how that patient did, how our procedure worked. So it was a wonderful opportunity to see these patients that I operated on 5 years ago, 10 years ago, and observe how they’ve done with the procedure.

Q: Do you think what was learned in this study will affect your future practice, or the practices of other ACFAS members?

Count: My patients and I were very interested in the results of the study. The relevance of the topic and its applicability to my practice was of greatest importance.

DiDomenico: I think most people will probably continue to do what they do, because we’re creatures of habit. But, if I or other members have a patient whom we’re not certain of how to treat, we may reflect on this study and it may help us decide which procedure to perform. Additionally, it gives the physician the basis to relate to a patient, “Here’s what research has shown.”

Kaczander: Being involved in the study changed how I approach the surgical treatment for hallux rigidus. Now, when a patient comes in who has failed conservative therapy, I will definitely opt for a different first procedure than I would have in the past because of what I saw as best long-term outcomes for these patients.

Kim: All clinicians should be driven by or guided by evidence-based medicine. Providing any additional piece of information to guide our clinical practices is ultimately helpful to improve patient care.

Q: What were the major factors affecting the progress of this study?

Kim: There were probably four factors that most affected our progress. The first was integrity of the data. Whenever you’re doing any trial you have to look through the information the study sites send you to make sure it’s complete, it’s accurate, and it’s reliable.

The second issue was enrollment. We had sites that were part of multispecialty groups, sites that were part of orthopaedic groups and sites that were private practice. Depending on their situation and internal process of subject recruitment, enrollment could be slower at some.

The third factor was that we wanted more long-term patients, and in some geographic areas and situations, patients moved or weren’t there for very long, so we couldn’t get access to them.

The final thing that added delay was that some people had to be trained in human subject protection prior to getting their IRB approval.

Q: What would you say to others interested in pursuing this type of research?

Count: This was my first time participating in this type of study. I found it very easy to fulfill the requirements set forth as it was very well designed; straightforward but comprehensive.

DiDomenico: Every time I participate in a study, I always learn more, and it’s rewarding for me and my patients. I think it makes me a better provider.

Kaczander: I hope our colleagues will look at a study like this in a critical manner, take it back to their practice, and not be afraid to change, no matter how long they’ve been in practice. Our profession does evolve and it’s important to stay current with technology and literature, and not be afraid of change that’s going to benefit the patient.

ACFAS Testifies at Regulatory Hearing on PCD Prescribing

A proposed local carrier determination (LCD), issued by the Center for Medicare and Medicaid Services’ Durable Medical Equipment Medicare Administrative Contractors (DME MAC), that would have limited the ability of DPMs to prescribe pneumatic compressive devices/therapy (PCD), had its day in the sun during an Aug. 30 CMS hearing in Baltimore. The LCD recommended that DPMs should not prescribe PCD because it was not within their scope of practice.

ACFAS and 11 other stakeholder groups or individuals unanimously testified against the LCD recommendation. Other stakeholders included APMA, legal experts, manufacturers, and allopathic physicians. Many stakeholders agreed with ACFAS that DPMs are key members of the healthcare team, in this case delivering wound care. There was no testimony or evidence presented to support the LCD recommendation.

The proposed regulation states: “Prescriptions for PCDs used to treat lymphedema or chronic venous insufficiency with ulceration (E0650-E0652) are limited to MDs, DOs, NPs, CNSs and PAs enrolled in Medicare and authorized by Medicare to prescribe as physicians. Podiatrists and other providers are excluded from the regulations because management of the systemic intravascular changes and fluid shifts that may be caused by the use of a PCD is beyond their scope of practice.”

ACFAS stressed that it is within the DPM’s scope of practice to treat lymphedema or chronic venous insufficiency with ulceration (E0650-E0652). Noting that DPMs are recognized by Medicare as physicians, ACFAS stated that a properly conducted review comparing the training, education, and experience of DPMs to NPs, CNSs and PAs would clearly confirm that prescribing these PCDs for lymphedema or chronic venous insufficiency with ulceration by DPMs is appropriate and permissible. For a complete copy of the comments ACFAS has submitted to the DME MAC, visit acfas.org/hpa.

Investigators Wanted for Arthroereisis Study

The College is recruiting investigative sites for a new multicenter retrospective study looking at predictive variables associated with successful and unsuccessful outcomes when performing subtalar joint arthroereisis in adults and children. Subjects and sites will be compensated for their time. If you are interested in participating in this important study, please complete and return the application on the ACFAS website.

The criteria for site selection include:

• Required one-year contractual commitment by the investigative site.
• Primary investigator at each site in good standing with ACFAS.
• Volume (minimum of 40) and variety (children and adults) of patients treated for symptomatic non-neuromuscular flatfoot with subtalar arthroereisis during the past 10 years.
• Past participation in multicenter studies.
• Professional reputation for scholarly activity.

For links to the application and additional resources, visit acfas.org/update.

Are you a an Expert Witness?

Have you ever been an expert witness, or are you thinking of it in the future? Are you committed to the highest degree of professional ethics for foot and ankle surgeons? The ACFAS Expert Witness Testimony standards were developed to aid members who may testify as expert medical witnesses in court proceedings.

Speaking about the program, Raef M. Fahmy, DPM, poignantly echoed fellow New Hampshire resident and American statesman Daniel Webster, “There is nothing so powerful as truth.”

To date, over 1,000 members have signed and returned the Expert Witness Affirmation Statement to the ACFAS office to reinforce their personal commitment to these standards. You should too!

For more information and to complete the statement, visit acfas.org/expertwitness.
College Recognizes Three More Fellowships

The ACFAS Fellowship Committee recently recognized three new Foot and Ankle Surgical Fellowship Programs that meet the College’s criteria:

- University Hospitals Richmond Medical Center Fellowship, Concord, Ohio
  Fellowship Director: Jonathan Sharpe, DPM, FACFAS
- Mon Valley Fellowship, Monongahela, Penn.
  Fellowship Director: Mark H. Hofbauer, DPM, FACFAS
- Virginia Mason Foot and Ankle Sports Medicine Fellowship, Seattle, Wash.
  Fellowship Director: Eric J. Heit, DPM, FACFAS

ACFAS highly recommends the continuation of foot and ankle surgical education after residency via a specialized fellowship. Programs meeting minimal requirements are officially recognized by the College, which will in turn provide support for these programs.

For a complete listing of programs, support by ACFAS, and requirements, please visit acafas.org/fellowshipinitiative.

Honoring 40 Years of Commitment

To recognize and thank long-term members for their loyalty and dedication to the College, the ACFAS Board of Directors grants podiatric surgeons who have been members for 40 years or more Life Membership in the College. This year’s recipients are:

Myron C. Boxer, DPM, Woodmere, N.Y.
Albert I. Ginsburg, DPM, Baltimore, Md.
Eric R. Hubbard, DPM, Long Beach, Calif.
John W. Pagliano, DPM, Rolling Hills Estates, Calif.

In Memoriam

The College recently received word of the passing of ACFAS Fellow:
David B. Day, DPM, Los Angeles, Calif.

From Toehold to Milestone

By Eric R. Hubbard, DPM, MS Ed, FACFAS

As a part of celebrating those who have achieved 40 years of membership in the College, this newsletter traditionally asks them to comment on the challenges and accomplishments they’ve experienced in the practice of podiatric medicine. Dr. Hubbard, one of this year’s honorees, responded with the following.

It’s an honor to be asked to recount what has inspired me over the last 40 years in my practice. I feel lucky to take care of people and have them leave my office feeling better. It has been a great experience to be part of the movement that advanced the profession of podiatric medicine.

I graduated from the California College of Podiatric Medicine in 1968, and completed a one-year surgical residency and a one-year fellowship. The residency was associated with a hospital that performed 10 to 15 foot and ankle surgeries every day except Sunday. It was a great learning experience because we worked with all the podiatric physicians in the Long Beach area.

At that time the larger hospitals did not have podiatrists on staff. After graduation I applied to the most respected hospital in Long Beach, Memorial Medical Center, and was told that they had orthopaedic surgeons who did the foot and ankle surgery and that they did not need our profession on their staff. I was told to apply to the smaller osteopathic hospital where I did my residency.

It took me a year to get an application from Long Beach Memorial, but I finally did and was at first given what I’d call “toenail privileges.” I can still remember the CEO of the hospital telling me that it would be over his dead body before he allowed any podiatrists to be admitted to the surgical staff. He is dead...

Over the next 30 years, podiatrists on staff went from having almost none to having a full scope of foot and ankle privileges. I am very proud of founding the Podiatric Medical and Surgical Residency Training program at the hospital and have served as director for 15 years. We have educated hundreds of excellent podiatric physicians. I’m the head of the podiatric medicine section of orthopaedics and we now have a total of six residents. We can do our own admission to the hospital, perform complete history and physicals, and we are treated as a specialty of medicine. Being involved in the residency program has also allowed me to keep up with the young DPMs to teach them, and learn from them too, about the issues they face.

I became the secretary of the Harbor Society of the California Podiatric Medical Association, and had the opportunity to see what others in our state were doing to achieve admission to those hospitals that were discriminating against us. As I moved through the chairs and ultimately became president of the CPMA, I had an opportunity to see what other states were doing to prevent discrimination. The highlight of my career was becoming president of the American Podiatric Medical Association. It allowed me to see the entire profession, across the nation. I visited all of the colleges and most of the state societies.

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E-voting for Next ACFAS Board
Candidates to be announced Nov. 2

During last year’s paper-ballot election for new members of the ACFAS Board of Directors, 95 percent of voting members also voted yes on whether ACFAS should adopt electronic voting. Due to this resounding vote, ACFAS will use electronic voting for the coming board election. Electronic voting will take place from Dec. 18, 2011, to Jan. 17, 2012.

All eligible voting members will receive an e-mail with special ID information and a link to the election website. After logging in, members will first see the candidate biographies and position statements, followed by the actual ballot. Eligible voters without a functioning e-mail address will receive paper instructions on how to log in to the election website and vote. There will be no paper ballots.

Following an open call in August and September for potential candidates, the ACFAS Nominating Committee is now evaluating applications and will recommend at least three Fellows for two positions in the Nov. 2 issue of This Week @ ACFAS.

For complete details on the nomination and election process, visit acfas.org/nominations, or contact Executive Director Chris Mahaffey at 773-693-9300 or mahaffey@acfas.org.

Questions regarding eligibility criteria should be directed to Nominating Committee Chair Michael S. Lee, DPM, at 515-440-2676 or mlee@dsmcapitalortho.com.

New Board of Directors elected, see page 8 for full article.
2012–13 Board Officers Elected

The board has elected its 2012–13 officers, pursuant to the bylaws:

- President: Michelle L. Butterworth, DPM
- President-Elect: Jordan Grossman, DPM
- Secretary-Treasurer: Thomas S. Roukis, DPM, PhD
- Immediate Past President: Glenn M. Weinraub, DPM

New officers and directors will take office during the ACFAS 2012 Annual Scientific Conference on March 2, in San Antonio, Texas.

Read all about the new E-voting process for the 2012 Board of Directors election on Page 7.
Sharpen Your Skills in Regional Workshops

This fall, “1st MTPJ A-Z Workshop and Seminar,” the regional star of ACFAS continuing education, may be coming to an area near you. Each program begins on Friday evening with a presentation on “Bunion Complications and Failures,” followed by case studies — audience participation is expected, so be sure to bring your cases to share! Saturday brings a full day of succinct lectures followed by hands-on workshops.

“Excellent course. I loved the small group setting. It allowed more hands-on and one-on-one instructional learning, and more time to exchange different pearls and ideas. All instructors were very honest and forthcoming about the good, bad and ugly of their years of experience,” says Jill K. Stepnicka, DPM, a 2010 attendee.

After a successful session Sept. 9-10, 2011, in California with the collaboration of Regional Division 1, 1st MTPJ will appear in two East Coast venues:
- Boston Marriott Burlington, Burlington, Mass., Oct. 21–22; with Regional Division 8
- Best Western Lehigh Valley Hotel and Conference Center, Bethlehem, Pa., Dec. 2–3; with Regional Division 12

Don’t miss this chance to enjoy quality CME in a town near you. More information and online registration are available now at acfas.org.

Education Podcasts at your Fingertips

ACFAS e-Learning offers you a valuable online library of foot and ankle health topics in video, podcast and DVD. Tune in whenever you are ready for these latest complimentary podcasts:
- DVT Prophylaxis — Foot and ankle surgery is usually deemed low-risk, but that can vary depending on patients’ individual health histories. The silent nature of DVT makes it a unique complication with fatal potential, which is why prevention is so important. Listen in as surgeon panelists discuss ways of preventing pulmonary embolism and other possible serious complications.
- Coding Changes for 2011 — ACFAS coding consultant Douglas G. Stoker, DPM, addresses 2011 coding changes that directly affect billing for podiatric treatment services in this concise recording. Members of the College may also send their own coding questions to Dr. Stoker at coding@acfas.org.
- Practical Aspects of Arthroscopy — Hear experienced surgeons discuss when and with what kinds of patients they would employ this minimally invasive approach to ankle pathology.

Continuing education contact hours can be earned with selected materials on the site. New topics are added monthly, so check back often at acfas.org/elearning!
**Savor Sunny San Antonio at ACFAS 2012**

Discover knowledge, skills and San Antonio itself while you’re attending the ACFAS 2012 Annual Scientific Conference, March 1–4. Combining friendly small-town appeal with big-city diversity, San Antonio captivates visitors with its unique sights, sounds, tastes and history. Only a 10-minute cab ride from the airport, its downtown is built along the famous River Walk that connects restaurants, theaters, shopping, hotels and the Henry B. Gonzalez Convention Center, host to ACFAS 2012.

Whatever your favorite free-time activity, you’ll find it within easy walking distance. Wander one block off the River Walk to visit an artisan’s colony renowned for its glassblowing. Join in the vibrant nightlife and enjoy a variety of live music and remarkable dining choices. Or relax with a spa treatment or a simple stroll.

If you have extra time to spend in the area, you can golf on top-notch local courses, or explore the city’s many parks, theme parks, museums or historical neighborhoods. Although it’s known as the gateway to the South Texas Plains, San Antonio also lies on the edge of the neighboring hill country, offering wine tasting, hiking, biking, or horseback riding.

Start making your plans to add to your medical and practice knowledge in the warm heart of Texas. Preconference workshops begin on Feb. 29, and the full conference runs March 1–4, 2012.

Look for complete program information soon at acfas.org/sanantonio.

**Annual Scientific Conference Keynote Speaker**

**Abraham Verghese, MD, MACP, to deliver the keynote address on March 1 at the ACFAS 2012 Annual Scientific Conference.**

Abraham Verghese, MD, MACP, is a professor and senior associate chair of internal medicine at the Stanford University School of Medicine.

Dr. Verghese, a renowned physician and best-selling author, has earned accolades in and out of the medical community for his advocacy on behalf of patients. He’s lectured extensively on the importance of the doctor-patient relationship, the Samaritan function of physicians, and on where meaning resides in medical life. “The patient in America is becoming invisible,” observes Dr. Verghese. “It is as if the patient in the bed is merely an icon for the real patient, who exists in the computer.”

Draw from his intellectual power as he takes you on his journey to becoming a surgeon in the 21st Century.

**ACFAS 2012 Program Preview**

Here’s a sample of the extensive education program designed to help you hone your surgical and practice skills at the ACFAS 2012 Annual Scientific Conference.

- Podiatric Survivor
- Lights, Camera, Action: Surgical Pearls Caught on Video
- If I Had a Mulligan
- Post Traumatic Reconstruction
- Speed Dating: New Technology Workshop
- The Business of Medicine
- Dueling Techniques Videos
- OCD of the Talus
- Limb Salvage: When to Say When
- Complicated Infections
- Ankle Fractures Workshop
- Orthobiologic Evolution
- Flatfoot Controversies
- Ethical Perspectives
- The Dysfunctional Nerve
- Sports Medicine: The Culture, Cases, Cures and Complications
- When Amputation is Not a Failure
- Optimizing EHR to Improve Patient Care and Minimize Risk
American College of Foot and Ankle Surgeons*  

**DISCOVER**  
Knowledge | Skills | San Antonio

February 29, 2012  
Pre-Conference Workshops

March 1–4, 2012  
Annual Scientific Conference  
San Antonio, Texas  
Henry B. Gonzalez Convention Center

**DON’T MISS THE PROFESSION’S #1 MEETING:**
- 34 CE hours (including pre-conference workshops)
- Cutting edge clinical and practice management topics
- The most trusted and respected speakers
- Hands-on cadaver workshops
- Award winning research presented in manuscripts and over 200 scientific posters
- PICA session—attend and be eligible for 10% premium discount
- More than 140 exhibitor companies
- 100,000 square feet of exhibits . . .and more.

**COME DISCOVER NEW KNOWLEDGE AND SKILLS.**
Complete program and online registration will be available at [www.acfas.org/sanantonio](http://www.acfas.org/sanantonio). Or call 800-421-2237 for a printed program.
Discover Surgical Savvy at ACFAS 2012
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“Another great topic will be various business aspects of medicine and what we do, especially with all the changes coming. There are some sessions where we really delve into where we’ve been and where we’re going in the business of medicine,” adds Reeves.

No matter what knowledge you want to discover, you’ll find something for you at ACFAS 2012. “I think that in every time slot of the day, each day, we have something for everyone,” says Reeves.

“If each surgeon can find a pearl to take away with them, so they can do the right things for their patients and improve their day-to-day practice, then we’ll have succeeded,” concludes Reeves.


Look for more information coming soon at acfas.org/sanantonio.

FROM TOEHOLD TO MILESTONE
continued from page 3

I worked with hundreds of leaders who donated their time to advance our profession, and helped many states achieve full hospital privileges within our scope of practice.

ACFAS is the body that has helped educate and represent the surgical arm of our profession. The members of ACFAS were very helpful to me when I first started in my practice and throughout the years. The seminars ACFAS held provided me with information on new surgical techniques and instrumentation and modalities as they became available. The College has also allowed me to meet great people and to talk to other DPMs about techniques that work in our practices. This has helped us all advance our practices, patient care, and the profession.